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PTO/SB/01 (12-97)

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted with Initial Filing      OR       Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	WMP-Pt002
First Named Inventor	Lehrmann et al.
<b>COMPLETE IF KNOWN</b>	
Application Number	10/009,131
Filing Date	November 5, 2001
Group Art Unit	Not Yet Known
Examiner Name	Not Yet Known

As a below named Inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

## DEVICE FOR PERFORMING ANALYSES ON CELL-CULTURES

the specification of which *(Title of the Invention)*

is attached hereto  
OR  
 was filed on (MM/DD/YYYY) **11/05/2001** as United States Application Number or PCT International

Application Number **10/009,131** and was amended on (MM/DD/YYYY) \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
199 20 811.5	Germany	05/06/1999	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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**DECLARATION — Utility or Design Patent Application**

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 385(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
PCT/EP00/03860	04/28/2000	

Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.  
As a named Inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:  Customer Number 3624 →  Place Customer Number Bar Code Label here  
 OR  
 Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number
Namely, the Attorneys of Volpe and Koenig, P.C.			

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.  
Direct all correspondence to:  Customer Number 3624      OR     Correspondence address below

Name	VOLPE AND KOENIG, P.C.		
Address			
Address			
City	State	ZIP	
Country	Telephone	Fax	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:  A petition has been filed for this unsigned Inventor

Given Name (first and middle if any) Family Name or Surname  
Mirko Lehmann

Inventor's Signature  Date 7/22/01

Residence: City Freiburg State Country Germany Citizenship German

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Post Office Address

City	Freiburg	State		ZIP	D-79102	Country	Germany
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Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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**DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 3 of 4**

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned Inventor	
Given Name (first and middle [if any])  Martin		Family Name or Surname  Brückschwein <i>Bühl, Schweiß, Bütschlein</i>	
<b>Inventor's Signature</b>  <i>Martin Bütschlein</i>			Date <b>07/30/02</b>
Residence: City <b>Schweinfurt</b>	State	Country <b>Germany</b>	Citizenship <b>German</b>
Mailing Address <b>Stephanstrasse 6</b>			
<b>Mailing Address</b>			
City <b>Schweinfurt</b>	State	ZIP <b>D-97424</b>	Country <b>Germany</b>
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])  Werner		Family Name or Surname  Baumann	
<b>Inventor's Signature</b>	Date		
Residence: City <b>Bühl</b>	State	Country <b>Germany</b>	Citizenship <b>German</b>
Mailing Address <b>Riedmattenstrasse 18</b>			
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City <b>Bühl</b>	State	ZIP <b>D-77815</b>	Country <b>Germany</b>
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])  Ralf		Family Name or Surname  Ehret	
<b>Inventor's Signature</b>	Date		
Residence: City <b>Merdingen</b>	State	Country <b>Germany</b>	Citizenship <b>German</b>
Mailing Address <b>Enggasse 19</b>			
<b>Mailing Address</b>			
City <b>Merdingen</b>	State	ZIP <b>D-79291</b>	Country <b>Germany</b>

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PTO/98/02A (11-00)

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ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 3 of 4

## DECLARATION

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Martin	Brichschwab Brigitte Schmid		
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Residence: City Schweinfurt	State	Country Germany	Citizenship German
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Mailing Address			
City Schweinfurt	State	ZIP D-97424	Country Germany
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Werner	Baumann		
Inventor's Signature			
Residence: City Bühl	State	Country Germany	Citizenship German
Mailing Address Riedmattenstrasse 18			
Mailing Address			
City Bühl	State	ZIP D-77815	Country Germany
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Ralf	Ehret		
Inventor's Signature			
Residence: City Merdingen	State	Country Germany	Citizenship German
Mailing Address Enggasse 19			
Mailing Address			
City Merdingen	State	ZIP D-79291	Country Germany

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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>3</u> of <u>4</u></b>
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<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Martin		Brischwein Brischwein	
Inventor's Signature		Date	
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Mailing Address Stephanstrasse 6			
Mailing Address			
City Schweinfurt	State	ZIP D-97424	Country Germany
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Werner		Baumann	
Inventor's Signature		Date	
Residence: City Bühl	State	Country Germany	Citizenship German
Mailing Address Riedmattenstrasse 18			
Mailing Address			
City Bühl	State	ZIP D-77815	Country Germany
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Ralf		Ehret	
Inventor's Signature <i>Ralf Ehret</i>		Date 07/24/2002	
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City Merdingen	State	ZIP D-78291	Country Germany

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**DECLARATION****ADDITIONAL INVENTOR(S)  
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<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Ingo		Freund	
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Given Name (first and middle [if any])		Family Name or Surname	
Bernhard		Wolf	
Inventor's Signature			Date
Residence: City	Stegen	State	Country Germany Citizenship German
Mailing Address	Andreasstrasse 12		
Mailing Address			
City Stegen	State	ZIP D-79252	Country Germany
<b>Name of Additional Joint Inventor, If any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature			Date
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

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